

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 6, 2003

RE: MDR Tracking #: M2-03-0609-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an anesthesia and pain management physician reviewer who is board certified in anesthesia and pain management. The anesthesia and pain management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant sustained a fall from a ladder and has subsequently developed neck and head pain.

Requested Service(s)

Diagnostic cervical medial branch blocks C2, C3, C4 and C5 by Dr. Lall

Decision

I disagree with the insurance carrier and find that diagnostic medial branch blocks on the right at C2, C3, C4 and C5 are reasonable and medically necessary.

Rationale/Basis for Decision

It is the accepted standard of care that in a patient with a history of a whiplash or extension type injury and when that patient has tenderness over the facets and exacerbation of the pain with cervical extension and rotation that facet arthropathy is a possible diagnosis. To garner more evidence supporting that diagnosis, diagnostic medial branch blocks are performed. The standards established by ___ state that a series of two diagnostic medial branch blocks should be performed to confirm the diagnosis. Therefore, the request is reasonable. Close follow-up should be performed to determine if there is temporary relief from the local anesthetic injection.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.